

**State of Rhode Island: State Aid to Libraries  
Request to Re-Allocate State Grant-in-Aid**

**Full Library Name:**

**City/Town:**

**Library Code:**

**Type of Aid:**    **Tax-Based**

**Endowment**

**State Fiscal Year:**

The library named above requests to re-allocate its state grant-in-aid as follows:

Allocated	
Salaries	
Materials	
OSL Fees	
Increased Service Hours	
Other	
Describe Other	
Total	

Requested	
Salaries	
Materials	
OSL Fees	
Increased Service Hours	
Other	
Describe Other	
Total	

**Explanation:**

**Library Director (Print Name):**

**Library Director Signature:**

**Date:**

**This re-allocation application is hereby approved by**

**Date:**

**Chief of Library Services, OLIS  
Rhode Island Office of Library & Information Services**